

REMARKS

The Office Action mailed May 14, 2004 has been carefully considered by applicant. Reconsideration of the present application is respectfully requested in view of the foregoing claim amendments as well as the following remarks.

Claims 1-44 remain cancelled.

Claims 45, 47 and 52 are amended.

Claims 45-53 remain pending.

By the present amendment, claims 45, 47 and 52 are amended to further clarify the subject matter of the present invention.

Claims 45-53 have been rejected under 35 U.S.C. § 102(e) as being anticipated by Berman et al U.S. Patent No. 6,448,956.

Berman et al '956 relates to a system and method for image manipulation that avoids the necessity of conventional tool bars. The system of Berman et al '956 includes a display monitor for displaying at least one of a plurality of digital images in a plurality of image display windows. When a selected image display window is activated, the image manipulation system designates virtual spaces (101-110), generates instructions associated with the virtual spaces, and assigns each of the virtual spaces to image manipulation functions corresponding to the position of a cursor.

Claim 45

Claim 45 relates to a method for managing memory in a workstation when a size of user selected files exceeds the memory capacity in the workstation. The method comprises the steps of (1) displaying a plurality of open medical images (2) unloading an image selected from at least one of the plurality of open medical images from the memory of the workstation, and (3) saving display settings of the unloaded image such that if the unloaded image is not closed and a user decides to redisplay the unloaded image, the unloaded image appears to have remained virtually open to the user and as if the unloaded image had not been unloaded.

Claim 45 is not anticipated by the Berman et al '956 reference. The Examiner is correct that Berman et al '956 discloses the step of displaying a plurality of open medical images (Fig. 2B). However, Berman et al '956 fails altogether to teach the remaining steps of the claimed method. More specifically, Berman et al '956 do not teach or suggest the step of unloading an image selected from at least one of the plurality of open medical images from the memory of the workstation. The Examiner cites column 2, lines 4-12 as reciting the step, however, this passage merely states that protocols can allow medical images and associated clinical information to be captured, transferred, viewed and manipulated. There is no teaching of a method for managing memory in a workstation when a size of user selected files exceeds the memory capacity in the workstation, just as there is no teaching of the step of unloading an image selected from at least one of the plurality of open medical images from the memory of a workstation.

In addition, Berman et al '956 failed to teach or suggest the step of saving display settings of the unloaded image such that if the unloaded image is not closed and the user decides to redisplay the unloaded image, the unloaded image appears to have remained virtually open to the user and as if the unloaded image had not been unloaded. The Examiner cites column 7, lines 1-15 as teaching this step, however, this passage simply states that a user can shuffle through a stack of images provided on a desktop, which of course is well known in the art. The step of saving the display settings is not taught or suggested and, contrary to the Examiner's assertion is not inherently disclosed by Berman et al '956. The Examiner's unsupported opinion does not properly substantiate a rejection under § 102(e). In lieu of anything further, it is respectfully requested that the outstanding rejection under § 102(e) be withdrawn. MPEP § 2144.03.

Claim 45 is thus believed allowable. Such action is respectfully requested.

Claims 46 and 47

Claims 46 and 47 depend directly from Claim 45 and are thus believed allowable for the reasons stated above, as well as the subject matter recited therein.

Claim 48

Claim 48 recites a method for managing a memory in a workstation when a size of user selected medical image files exceeds the memory capacity in the workstation.

Berman et al '956 does not anticipate the invention of Claim 48 for at least the following reasons. Berman et al '956 teach only the basic concept of displaying a plurality of medical images on a desktop, and the functional ability of manipulating the images within predetermined virtual spaces. Nowhere in Berman et al '956 is there taught a method for managing memory in a workstation when a size of user selected image files exceeds the memory capacity in the workstation. Nowhere is there taught the steps of opening a plurality of medical image files to display the plurality of medical images, prioritizing the plurality of medical image files using a prioritization scheme, and unloading from the memory of the workstation a medical image file having a lower priority then at least one of the open medical image files stored in memory.

In addition, Berman et al '956 fails altogether to teach the specific prioritization scheme having the several levels recited in Claim 48. Berman et al '956 fails to teach a prioritization scheme having at least three levels including a first level comprising a currently viewed medical image; a second level comprising medical images in a viewing stack; and a third level comprising medical images related to medical images with a higher priority; wherein the medical images from the first level are designated with a higher priority than the medical images of the second level and the medical images of the second level are designated with a higher priority than the medical images of the third level. In fact, Berman et al '956 fails altogether to contemplate the problems solved by the claimed invention, and fails to teach or suggest the solution of creating a prioritization scheme and unloading images that exceed memory capacity. As such, Claim 48 is believed allowable. Such action is respectfully requested.

Claims 49-51

Claims 49-51 depend directly from Claim 48 and are believed allowable for the reasons stated above, as well as the subject matter recited therein.

Claim 52

Claim 52 recites a system for managing memory in a workstation when a size of user selected medical image files exceeds the memory capacity in the workstation. The system comprises a processor configured to prioritize the user selected medical image files using a prioritization scheme having at least three levels including a first level comprising a current viewed medical image; a second level comprising medical images in a viewing stack; and a third level comprising medical images related to the medical images with a higher priority; wherein the medical images from the first level are designated with a higher priority than the medical images of the second level and the medical images of the second level are designated with a higher priority than the medical images of the third level. As discussed above, Berman et al '956 fails to teach or suggest any of the prioritization elements recited in Claim 52.

Berman et al '956 further fails to teach or suggest a memory configured to unload a medical image file having a lower priority than at least one of the user selected medical image files stored in memory, wherein the unloaded medical image file includes at least a portion of at least one of the user selected medical images and wherein the processor is coupled to the memory. The Examiner points to Fig. 2 of Berman et al '956 as anticipating claim 52, however, Fig. 2 merely shows an image display having page stack modes.

As such, Claim 52 is believed allowable. Such action is respectfully requested.

Claim 53

Claim 53 depends from Claim 52 and is thus believed allowable for the reasons stated above, as well as the subject matter recited therein.

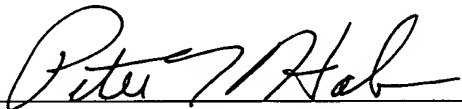
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Conclusion

The present application is thus believed in condition for allowance with Claims 45-53. Such action is respectfully requested.

Respectfully submitted,

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